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## Bib Data Sheet

|  |   |  |                               |   |                                |
|--|---|--|-------------------------------|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/605,120   | <b>FILING OR 371(c) DATE</b><br>09/10/2003<br><br><b>RULE</b>   | <b>CLASS</b><br>369  | <b>GROUP ART UNIT</b><br>2627 | <b>ATTORNEY DOCKET NO.</b><br>MTKP0076USA |                                |
| <b>APPLICANTS</b><br>Shang-Pin Sun, Tai-Nan City, TAIWAN;  |   |  |                               |   |                                |
| <b>** CONTINUING DATA *****</b><br><div style="text-align: center;"><i>None</i></div>  |   |  |                               |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092120903 07/30/2003 <i>OKND</i>  |   |  |                               |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/02/2003  |   |  |                               |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br><div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span><i>AD</i><br/>Initials</span> </div> |   | <b>STATE OR COUNTRY</b><br>TAIWAN  | <b>SHEETS DRAWING</b><br>7    | <b>TOTAL CLAIMS</b><br>14                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>027765   |   |  |                               |   |                                |
| <b>TITLE</b><br>OPTICAL DISC IDENTIFICTION METHOD  |   |  |                               |   |                                |
| <b>FILING FEE RECEIVED</b><br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div> |                               |   |                                |